

warning is given that for the present these must be regarded as experimental. Since the publication of this book, penicillin has become generally available and favourable results are being reported; it seems to be desirable that, at an early date, a new edition should be produced which would include a discussion of methods of penicillin treatment. Many readers will have reason to disagree with Marshall's view that the results in private practice "can be vastly superior to anything attainable in ordinary hospital or clinic practice". It is this view which is largely responsible for many of the difficulties which still persist in these days of effective remedies. The doctor's dilemma in choosing between the various techniques advocated by specialists with differing opinions often results in compromise, and this is but one explanation of the failures which not infrequently arise during treatment by general practitioners.

Several interesting sections make the book specially attractive. There is a concise and clearly written section on practical technique, which will be widely appreciated; prophylaxis is briefly considered, and it is encouraging to find a strong note of caution implied in acceptance of chemotherapeutic agents for prophylaxis. A brief review of the sociology of venereal diseases will also be found to be of practical value. A chapter on the sulphonamides is uninspired and disappointing; it gives a poor review of the toxic manifestations but stresses renal complications without regard to their proportionate incidence.

The greatest amount of disagreement will arise in regard to Marshall's views on gonorrhoea. He states that "the gonococcus grows fairly well on culture" (p. 4), but this view will not be generally accepted. In "marital infection . . . delay treatment in doubtful cases until an exact diagnosis can be made"—this is surely a principle which should apply to all cases. The first sign of acute gonococcal urethritis is described (p. 11) as a "white or yellow, sometimes blood-stained discharge" . . . "painful nocturnal erections are common"; this description really belongs to a case in which treatment has been unfortunately delayed, and is not related to early infection. Gonorrhoea may have been a "pan-urethritis" in the pre-sulphonamide days, but the suggestion (p. 15) that differentiation of anterior and posterior urethritis is unnecessary must be strongly opposed; in a properly educated and administered community, cases will be seen and treated in the early stage, at which acute anterior urethritis is apparent at the examination and in the outcome of treatment. The differentiation may have been arbitrary ten years ago; it is of basic clinical importance in the proper assessment of cases today. Fortunately the younger generation of patients—perhaps encouraged by a hope of cure or by a franker outlook on life—tend now to come to a clinic at the onset of symptoms. It is unfortunate that the older patients still prefer to dally hopefully and that they eventually attend with delayed subacute infections. In the treatment of gonorrhoea Marshall advocates a high concentration of sulphonamide (6 grammes daily) for the first 2 days and considers a smaller maintenance dose (3 grammes daily) to be adequate for the remainder of treatment. He administers the compound at somewhat irregular intervals; local irrigations are favoured if available. It has been claimed that regular spacing of an adequate dose (1.5 grammes) at eight-hourly intervals (4.5 grammes in 24 hours) maintained for 5 days can give more consistent and satisfactory results. There can be little advantage in the policy advocated of issuing to the patient one day's supply of the compound each day; a patient who is prepared to co-operate to the extent of daily attendances will co-operate in taking proper doses if suitably instructed; furthermore, a supply of the total quantity necessary obviates sulphonamide-resistance in a case in which the patient has been genuinely prevented from making the required visit to a clinic on any given day. In the tests of cure described on pp. 20 and 33, pus in the prostate several weeks after an acute attack of gonorrhoea appears to be passed as satisfactory so long as gonococci are not found. This unsatisfactory standard is not generally encountered when a more regular administration of the compound is employed. The recommendation of urethral irrigations in the early stages of acute prostatitis is probably a misprint, but little support will be accorded to the statement that "a negative complement fixation test in rheumatism suspected of being due to latent gonococcal infection dispels suspicion".

Such minor errors and differences of opinion in a first edition will not detract from the general appreciation which will be accorded to this acceptable addition to the venereal disease library. Developments in the study of the venereal diseases and their importance during the war years called for a British contribution to the subject, especially as the standard works were long out of date. We have now had two excellent handbooks, and the one under review is strongly recommended to those who need a basic knowledge on which to build an understanding of these patients, who, in addition to treatment, need special sympathy and advice in the social and economic problems which confront them.

D. E.

Ophthalmia Neonatorum. By Arnold Sorsby, M.D., F.R.C.S. 66 pp. Published for the Institute of Ophthalmology by Hamish Hamilton Medical Books, London, 1945. Price 7s. 6d.

In a foreword to this monograph, Sir Allen Daley welcomes and pays a deserved tribute to the work which the author has expended on a matter of national and individual importance.

This book has the subtitle, *The problem after thirty years of statutory notification and sixty years of Cr  d   Prophylaxis*. We assume that the author has set out with two main objectives, at least: to show, in the first place, the very effective results which have already been attained, and in the second to stimulate those concerned in the problem to renewed effort. We do not hesitate to say that these objectives have been reached and we agree wholeheartedly with the foreword.

REVIEWS OF BOOKS

There are, however, certain aspects of the subject upon which we should like further elucidation, and others with which we cannot agree. We should like to know whether or not, in Professor Sorsby's opinion, notification of ophthalmia neonatorum is of real practical value. On page 10 he tells us of the wide differences between rates of notification in different parts of the country. He gives in statistical tables what would seem to be remarkable results obtained in Birmingham, where the rate of blindness per 100,000 births has been reduced to nil. Should he not perhaps have emphasized the importance of ensuring notification? It seems to us obvious that in many places cases of ophthalmia neonatorum are not being notified within the meaning of the regulation, for we cannot believe that the condition can possibly vary in adjacent towns to the extent shown by the author's figures.

Much space has been taken up by figures, tables and graphs. We think that authors should be reminded sometimes that statistics are notoriously unreliable and also occasionally difficult to understand. For example, there seems to be a discrepancy between the figures given on page 15 (15 cases in 1943) and on page 16 (17 cases in 1938-1943) for the "number blind from ophthalmia neonatorum". Are we to conclude that the number of blind babies at the Sunshine Homes was only 2 for the period 1938-1942? No doubt there is another explanation. When we arrive at the clinical section of the book, we must confess to being at a loss to understand why obviously selected figures have been included. If we are to understand that the author adheres to the classical definition of ophthalmia neonatorum as a purulent discharge which occurs within twenty-one days of birth, the figures and percentages on page 27 would appear to be of little value.

Perhaps we find ourselves most at variance with Professor Sorsby in his remarks on prophylaxis. On page 31 he says: "The prevention of ophthalmia neonatorum lies in the first place in the treatment of the expectant mother, and this would seem at present to be an aspiration rather than the reality." We feel that this is scarcely just to those who for years have been engaged in antenatal work. In our view, a great part of the decrease in blindness—or at all events in gonococcal ophthalmia—is due to the antenatal treatment which infected mothers have received from antenatal and venereal diseases medical officers. We think that some credit might have been given where it is certainly due.

The section on treatment should be read and considered carefully by anyone who has to do with the care of such cases. Few can have had the experience of Professor Sorsby, and many should benefit by the precisely and clearly stated methods of procedure. The author's advice on the use of penicillin, with its advocacy of treatment every five minutes, makes one wonder whether staffing would not present a considerable difficulty. Would Professor Sorsby approve of the substitution of three-hourly intramuscular injections of penicillin for the "every five minutes" drop method? We have found it to be successful in one case in which penicillin drops failed ingloriously. As regards the treatment of non-gonococcal cases with sulphonamides, we should like more specific information. Would it not be reasonable to suggest that only those patients affected with sulphonamide-sensitive infections will respond, and that in (say) *Staphylococcus aureus* infections, failure will result?

In conclusion, since the monograph, according to its subtitle, is dealing with the problem of ophthalmia neonatorum, I think that the administrative side might with advantage have been discussed, even at the expense of some of the statistical tables. In my view only those who are treating the condition regularly, and are, so to speak, in practice, are competent to do so. I believe that centralization, by means of which cases would be collected into one centre from certain areas, is preferable to an attempt to treat the occasional patient at the local hospital or in the home; I should like to suggest that the returns for Wales confirm my belief.

E. W. A.

People Who Live in Glass Houses. By Harold Thomas. 80 pp. The Central Council for Health Education, London, 1945. Price 9d.

The author of this excellent little book—a Venereal Diseases Orderly—has achieved his object of producing an informative and objective account of the venereal diseases, which can be easily understood by the man in the street. This is no mean feat and he is to be congratulated. The author is obviously a man of wide experience and humanitarian principles, who projects these qualities into his book. The result is an interesting level-headed monograph which holds the attention of the reader. In short, if this booklet is widely disseminated amongst the general public, it will prove to be a most useful adjunct to the campaign against venereal diseases.

I. N. O. P.

An Experiment in the Psychiatric Treatment of Promiscuous girls. By Ernest G. Lion, M.D., Helen M. Jambor, Hazle G. Corrigan and Katherine P. Bradway, Ph.D. A report issued by the City and County of San Francisco Department of Public Health in 1945, published as a supplement to the *Journal of Venereal Disease Information* and issued to subscribers to the journal.

This is a brochure of 68 pages and has a Foreword by J. R. Heller, Jun., M.D., Medical Director of the Venereal Disease Division of the United States Public Health Service. The investigation described in the report, which was carried out by a special team from the Psychiatric Service of the San Francisco City Clinic, is an interesting example of the cooperation of Federal, State,